

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 22
OMB NO.: 0938-

State: NEW MEXICO

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 71-19
Supersedes
TN No. 88-05

Approval Date JAN 15 1992
page 17 to item 14

Effective Date OCT 1 1991

HCFA ID: 7983E

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| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>DEC 17 1991</u> | |
| DATE APP'D <u>JAN 15 1992</u> | |
| DATE EFF <u>OCT 01 1991</u> | |
| HCFA 179 <u>91-19</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency [*] | Citation(s) | Groups Covered |
|----------------------------|---------------------------------------|---|
| QUALIFIED P/E PROVIDERS | 1902(a)(47) and 1920 of the Act | B. <u>Optional Groups Other Than the Medically Needy</u> (Continued) <u>X</u> 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act. |

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| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>APR 03 1992</u> | |
| DATE APP'VD <u>APR 29 1992</u> | |
| DATE EFF <u>JAN 01 1992</u> | |
| HCFA 179 <u>92-04</u> | |

* Agency that determines eligibility for coverage.

TN No. 92-04
Superseded
TN No. 91-19 Approval Date APR 29 1992 Effective Date JAN 01 1992

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(MB)

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Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

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The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 235 percent of the Federal poverty level.

The following reasonable classifications of children described above who are under age 19 (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e) (12) of the Act X 21.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act X 22.

Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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| DATE REC'D | <u>2-8-99</u> |
| DATE ADJ | <u>2-26-99</u> |
| DATE OF | <u>3-1-99</u> |
| HCPA 129 | <u>98-05</u> |

A.

SUPERSEDES: TN-98-04

State: NEW MEXICO

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR ~~455.301~~

This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)(C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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State: NEW MEXICO

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
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C. Optional Coverage of Medically Needy (Continued)1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
____ 21
____ 20
____ 19
____ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

- ☐ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

- ____ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

- ____ (a) In foster homes (and are under the age
of ____).

- ____ (b) In private institutions (and are under
the age of ____).

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Agency* Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 ☒ 6. Caretaker relatives.
- 42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330
- 42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330
- 42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330
- 42 CFR 435.326 ☒ 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.
- 435.340 11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
 - b. Were eligible as medically needy in December
1973 as blind or disabled; and
 - c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

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Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
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